Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				18).	Complete if Known				
FEE TRANSMITTAL				Applie	Application Number 10/555,724				
				Filing	Filing Date 7/6/2006				
For FY 2009					First Named Inventor Bjorn De Bonnenfant				
Applicant claims small entity status. See 37 CFR 1.27				Exam	Examiner Name		Omoniyi A. Obayanju		
					Art Unit 2617		· · · · · · · · · · · · · · · · · · ·		
TOTAL AMOUNT OF PAYMENT (\$) 180.00				Attorr	Attorney Docket 4653 - 053		3368	368	
METHOD OF PAYM	ENT (check all	l that apply)							
Check Cre	dit Card	Money Order	r 🔲	None	Other (please ide	ntify):			
Deposit Account	Deposit Accou	nt Number:	23	3-0650	Deposit Account	Name: The	Webb Law Firm	n	
For the above	e-identified dep	osit account, th	he Dire	ctor is hereby	authorized to: (cl	neck all that a	pply)		
	e fee(s) indicated				Charge fee	(s) indicated b	pelow, except for the	filing fee	
Charg	e any additional 37 CFR 1.16 and	fee(s) or under	paymen	ts of fee(s)	Credit any	overpayments	S		
VARNING: Information o	n this form may be		edit card	information shou	ld not be included o	n this form. Pro	vide credit card		
nformation and authorizati									
EE CALCULATION	and the second section of the section of t		realizable in a transport of the second of t	TATE SHARE A CHARLES AND	e subject to a su	rcnarge.)			
<ol> <li>BASIC FILING, SEARCH, AND EXAMINATION FEES         FILING FEES SEARCH F</li> </ol>					EXAMINATION FEES				
	Sma	all Entity		Small Entity		mall Entity			
Application Type			Fee (\$)		<u>Fee (\$)</u>	Fee (\$)	Fees 1	<u> Paid (\$)</u>	
Utility	330	82	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325	h-1		
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM	FEES							Small Entity	
Fee Description							<u>Fee (\$)</u>	Fee (\$)	
Each claim over 20 (including Reissues) 52 Each independent claim over 3 (including Reissues) 220								26 110	
Each independent clai Multiple dependent cla		ling Keissues)					390	195	
• •	20 or HP	Extra Claim	e	Fee (\$)	Fee Paid (\$)			ependent Clair	
	=	BATTA CIAIM	y X	=	10011110 (0)		Fee (\$)	Fee Paid (S	
HP = highest number of	total claims paid f	or, if greater than	1 20.						
Indep. Claims -	3 or HP	Extra Claim	<u>s</u>	Fee (\$)	Fee Paid (\$)				
-	=		_ x <sub>.</sub>						
HP = highest number of 3. APPLICATION S		is paid for, if grea	ater than	3.					
If the specification	n and drawings	exceed 100 sh	neets of	paper (exclud	ing electronically	filed sequen	ce or computer listin	ngs under	
				70 (\$135 for s	mall entity) for ea	ach additiona	1 50 sheets or fraction	n thereof.	
Total Sheets	. 41(a)(1)(G) an Extra She			r of each add	itional 50 or fra	ction thereof	Fee (\$)	Fee Paid (\$)	
					d up to a whole nu		. =	:	
4. OTHER FEE(S)								Fees Paid (\$	
Non-English Sp	ecification,	\$130 fee (no	small e	ntity discount)					
Other (e.g., late	filing surcharge	e): Late IDS Fe	ee					180	
SUBMITTED BY									
	11/1/								
Signature	1.11		(2)		egistration No. attorney/Agent)	50,261	Telephone 4	12-471-8815	